

# Registration of Abortion Facility

TO OPERATE AS AN ABORTION FACILITY

This is to Certify that

PLANNED PARENTHOOD KEYSTONE D/B/A PLANNED PARENTHOOD KEYSTONE - HARRISBURG 1514 NORTH SECOND STREET

HARRISBURG

Is Hereby Granted This Approval Under The Laws Of The Commonwealth of Pennsylvania, 28 PA Code Chapter 29, Subchapter D To Operate As An Abortion Facility

Type of Abortions: Medical Only

Registration Number: 3N8L8701

Exceptions: 29.33(6) LETTER ON FILE IN FACILITY.

Issued On: 11/14/2017

Effective From: 11/30/2017

Nancy J. heavange

Nancy J. Lescavage eputy Secretary for Quality Assurance

Expiration Date: 11/30/2018

Rachel L. Levine, MD Secretary of Health



NOTE: This registration must be posted in a conspicuous place on the pemises.



Has there been a change in ownership

or control within the last year? If yes,

when?

Yes

### Pennsylvania Department of Health

### License Application Form

### PLANNED PARENTHOOD KEYSTONE - HARRISBURG 1514 NORTH SECOND STREET

HARRISBURG, PA 17102 Facility ID: 3N8L8701 License #: 3N8L8701 Medicare No: County Dauphin Type of Renewal Application Application Phone Number (Closed) (717)234-2468 Type of Fax Number (610)481-0486 Ownership Email Address Type of Name of Immediate Own Operation Accreditation Information Unknown Please attach a copy of the Accrediting Organization's accreditation letter. (03 - PPKEY\_Letter.pdf) Remove Attachment View Attachment Current License Number 3N8L8701 Expiration Date of Current License 11/30/2017 ABF Beds Operating Rooms Procedure Rooms Treatment Rooms Type of Surgery: Medical Abortion Procedures **ABF Fields** Anesthesia Physical N/A CLASS 1 Type Status Administrator/CEO/Director Name Effective 6/25/2016 708(b)(1)(ii) \* Medical Director Name \* Director of Nursing Name \* Are there any directors, officers, agents, or managing employees of the institution, agency or organization who have ever been convicted of a criminal offense related to their involvement in such programs established by Titles XVIII, XIX, or XX? ☐ Yes ✓ No

If yes, when?

☐ Yes

(mm/dd/yyyy)

Do you anticipate any change of

ownership or control within the year?

(mm/dd/yyyy)

Do you anticipate filing for

when?

Yes

(mm/dd/yyyy)

bankruptcy within the year? If yes,

☑No	<b>☑</b> No	✓No
List name and address click <b>Attach</b> button after	of all persons having ownership of 5% er you select a file.)	or more (Type in or attach a document. Make sure to
Planned Parenthood Keys The organization is govern Parenthood Federation of	ned by a Board of Directors. Planned Parer	tate as an independent not for profit (501c3) corporation.   thood Keystone is a fully accredited affiliate of Planned
Planned Parenthood Fede 123 William Street, 10th F	ration of America loor	
New York, NY 10038	Browse	_
Attach		
to click Attach button a	after you select a file.)	dmembers. (Type in or attach a document. Make sure
(PPKey Board List and Co	ntact Info 2017-2018.pd.pdf)	<u>:</u>
Remove Attachmen	nt View Attachment	
accounting, auditing, or	iduals currently employed by the interpretation of the interpretat	nstitution, agency, or organization in a managerial, I by the institution's organization's, or agency's fiscal XVIII providers only)
address of parent corp	rship involved with a pyramid or par poration or pyramid corporate struct o click <b>Attach</b> button after you select a	ent corporate structure? If applicable, list name and stures. Explain as necessary. (Type in or attach a file.)
Planned Parenthood Keyst	one is a fully accredited affiliate of PPFA, Ir	c.
Planned Parenthood Feder 123 William Street, 1 Floor New York, NY 10038	ation of America	
The following centers are o	perated by Planned Parenthood Keystone:	
Astron	Browse	
Attach		
* Does owner(s) or corp  ☑ Yes  ☐ No	orate members have financial interest	in other health care facilities?
f yes, list name and a	ddress of all other health care facilit	ies in which the owner or corporate members have

20 North 9th Street	ba Planned Parenthood Keystone-Allentown	_
Allentown, PA 18101 DOH License number 00218701		
Planned Parenthood Keystone di	pa Planned Parenthood Keystone-Reading	
48 S. 4th Street	,	<b>*</b>
	Browse	
Attach		
		- 10
* The completed form is a pu 12-month period preceding a	ablic record if it is filed by a facility that received strequest to inspect or copy it.	State-appropriated funds during the
Has the facility received such	funds?	
O Yes   No		
If the facility is not yet operat	ing, will it receive State-appropriated funds when i	t begins operation?
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	s bogins operation.
O Yes   No	we -	The contract that the contract
* Is this form being filed to Form?	revise information provided in a previously subm	nitted Abortion Facility Registration
O Yes   No		
	G Town	
* List names and license nu document. Make sure to click a	imbers of physicians performing abortions in ab	pove facility (Type in or attach a
* List names and license nu document. Make sure to click a (AB PROVIDERS AND LICENSE	Attach button after you select a file.)	oove facility (Type in or attach a



# Registration of Abortion Facility

TO OPERATE AS AN ABORTION FACILITY

This is to Certify that

## PLANNED PARENTHOOD SOUTHEASTERN PENNSYLVANIA 1221 POWELL STREET

### NORRISTOWN

Is Hereby Granted This Approval Under The Laws Of The Commonwealth of Pennsylvania, 28 PA Code Chapter 29, Subchapter D To Operate As An Abortion Facility

Type of Abortions: Medical Only

Registration Number: E8RT8701

Exceptions: 551.22 (a)(2), 551.22 (a)(2), 555.31 (a), 559.1 Nursing Department, 571.1 LETTER ON FILE IN FACILITY.

Issued On: 06/23/2017

Effective From: 06/30/2017

Nancy J. heacanage

Namy J. Lescavage Jepusy Secretary for Quality Assurance



Rachel L. Levine, MD Secretary of Health

Expiration Date: 06/30/2018

pennsylvania DEPARTMENT OF HEALTH NOTE: This registration must be posted in a conspicuous place on the pemises.



### License Application Form

### PLANNED PARENTHOOD SOUTHEASTERN PENNSYLVANIA

1221 POWELL STREET NORRISTOWN, PA 19401 Facility ID: E8RT8701 License #: E8RT8701 Medicare No: 8-4613 County Montgomery Type of Renewal Application Application (Closed) Phone Number (484)688-0097 Type of Fax Number Ownership Email Address Type of Name of Immediate Owner Operation Accreditation Information Unknown Please attach a copy of the Accrediting Organization's accreditation letter. Browse... Attach Current License Number E8RT8701 Expiration Date of Current License 6/30/2017 ABF Beds Operating Rooms Procedure Rooms Treatment Rooms Type of Surgery: Medical Abortion Procedures **ABF Fields** Anesthesia Physical N/A CLASS 1 Type Status Administrator/CEO/Director 708(b)(1)(ii) Name Effective 12/4/2013 \* Medical Director Name \* Director of Nursing Name \* Are there any directors, officers, agents, or managing employees of the institution, agency or organization who have ever been convicted of a criminal offense related to their involvement in such programs established by Titles XVIII, XIX, or XX? Yes V No Has there been a change in ownership Do you anticipate any change of Do you anticipate filing for or control within the last year? If yes, ownership or control within the year? bankruptcy within the year? If yes, when? If yes, when? when? Yes ☐ Yes Yes

(mm/dd/yyyy)

(mm/dd/yyyy)

(mm/dd/yyyy)

☑No	✓No	<b>☑</b> No	
List name and address of a click <b>Attach</b> button after yo	l persons having ownership of 5% ou select a file.)	or more (Type in or attach a document. Make sure	e to
N/A - Planned Parenthood Sou	theastern Pennsylvania (PPSP) is an ir	dependent not-for-profit corporation [501(c)(3)] that delphia counties. The organization is governed by ed Parenthood Federation of America, Inc.	
			-
Attach	Browse		
If appropriate, list the name to click <b>Attach</b> button after	e and address of trustees or board	dmembers. (Type in or attach a document. Make s	ure
(List of PPSP Board Members.)		-	=
Remove Attachment	View Attachment		_
involvement of such persons  Yes  No  * Are there any individua accounting, auditing, or sin	s, or organizations in any of the pr	been convicted of a criminal offense related to ograms established by Titles XVIII, XIX, or XX?  stitution, agency, or organization in a manager by the institution's organization's, or agency's fis (VIII providers only)	rial.
address of parent corpora	o involved with a pyramid or par- tion or pyramid corporate struc k <b>Attach</b> button after you select a	ent corporate structure? If applicable, list name a tures. Explain as necessary. (Type in or attach file.)	and n a
Attach	Browse		:
* Does owner(s) or corporat  ✓ Yes  ☐ No	te members have financial interest	in other health care facilities?	
If yes, list name and addre financial interest. (Type in o	ess of all other health care facilit r attach a document. Make sure to	ies In which the owner or corporate members ha click <b>Attach</b> button after you select a file.)	ive

Planned Parenthood Southeastern Pennsylvania has four abortion facilities registered with the PA-Department of Health 1) PPSP West Chester Health Center (8 S. Wayne St, West Chester) 2) PPSP Far Northeast Health Center (2751 Comly Rd, Philadelphia)	_
PPSP Surgical Locust Health Center (1144 Locust St, Philadelphia)     Planned Parenthood of Southeastern PA (1221 Powell St, Norristown) this application	
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Browse	
Attach Blowse	
* The completed form is a public record if it is filed by a facility that received State-appropriated funds do 12-month period preceding a request to inspect or copy it.	iring the
Has the facility received such funds?	
○ Yes	
If the facility is not yet operating, will it receive State-appropriated funds when it begins operation?	
○ Yes	
* Is this form being filed to revise information provided in a previously submitted Abortion Facility Reg Form?	istration
○ Yes	
* List names and license numbers of physicians performing abortions in above facility (Type in or a document. Make sure to click <b>Attach</b> button after you select a file.)	attach a
708(b)(1)(ii)	_
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Browse	_
Attach	



# Certificate of Licensure

REPROCHOICE, LLC D/B/A ALLEGHENY REPRODUCTIVE HEALTH CENTER 5910 KIRKWOOD STREET PITTSBURGH The Pennsylvania Department of Health hereby issues this certificate of licensure to the above Class B Abortion Facility

00018701 LICENSURE NUMBER:

03/05/2018 ISSUED ON:

03/31/2018 EFFECTIVE FROM:

EXPIRES ON: 03/31/2019

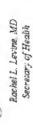
The maximum number of procedure rooms shall not exceed 3 rooms.

This LICENSE shall expire on the above date, unless for good cause suspended or revoked sooner.

EXCEPTIONS: 551.22 (a)(2), 551.22 (a)(2), 555.31 (a), 569.2 (a), 571.1, 571.1, 571.2 (d) LETTER ON FILE IN FACILITY. SURGERY TYPES: Medical Abortion Procedures, Surgical Abortion Procedures

ANESTHESIA TYPES: Mac

Nancy & hereways





NOTE: This license must be posted in a conspicuous place on the pemises.



### **License Application Form**

### ALLEGHENY REPRODUCTIVE HEALTH CENTER 5910 KIRKWOOD STREET

			#: 00018701 Medicare	No: 8-0202	
County	Allegheny		Type of Applicati	Renewal Appl on (Closed)	ication
Phone Number	(412)661-8		Type of	Off (Closed)	
Fax Number	(412)363-6		Ownersh	nip	
Email Address	708(b)(	6)	Type of		
Name of Immedia	te Owner		Operation	n	
Accreditation Info	rmation		Unknown		
Please attach a co	ppy of the Accrediting		reditation letter.		
Attach		Browse			
Current License N	Number 00018701	~	Expiration Date of C	Current License 3/3	1/2018
ABF Beds				****	and the same of th
Operating Rooms		Procedure Rooms	3	reatment Rooms	
Type of Surgery:	Medical Abo	ortion Procedures, S	Surgical Abortion Proc	edures	
Type of Surgery:	Medical Abo	ortion Procedures, S	Surgical Abortion Proc	edures	
ABF Fields	Medical Abo	ortion Procedures, 9		edures	
ABF Fields Anesthesia Type	MAC	ortion Procedures, s	Physical	CLASS 2	-
ABF Fields Anesthesia Type  Administrator/CEO/D Name 708(kg	MAC Director O)(1)(ii)		Physical		12/31/9999
Anesthesia Type Administrator/CEO/D	MAC Director D)(1)(ii) Name	(b)(1)(ii)	Physical	CLASS 2	12/31/9999
ABF Fields Anesthesia Type  dministrator/CEO/D Name 708(t)  * Medical Director  Director of Nursi  Are there any delaye ever been converted by the converted by	MAC Director D)(1)(ii) Name Ing Name  directors, officers, agonyicted of a crimina	(b)(1)(ii)	Physical	CLASS 2  Effective	organization v
ABF Fields Anesthesia Type  Amenistrator/CEO/D Name 708(t)  * Medical Director  * Director of Nursi  * Are there any drave ever been convicted by the conviction of the convic	MAC Director D)(1)(ii) Name Ing Name  directors, officers, agonyicted of a crimina	(b)(1)(ii) ents, or managing I offense related to	Physical Status	CLASS 2  Effective	organization vablished by Ti

Browse  Browse  Browse	more (Type in or attach a document. Make sure to
Browse  dress of trustees or boardmeet a file.)  Browse	embers. (Type in or attach a document. Make sure
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dress of trustees or boardment a file.)  Browse	direct ownership or control interest of 5 percent or
Browse	direct ownership or control interest of 5 percent or
Browse	direct ownership or control interest of 5 percent or
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Izations having a direct or Inc	direct ownership or control interest of 5 percent or
Izations having a direct or Inc	direct ownership or control interest of 5 percent or
izations having a direct or inc	direct ownership or control interest of 5 percent or
Izations having a direct or inc	direct ownership or control interest of 5 percent or
acity who were employed by	ution, agency, or organization in a managerial, the institution's organization's, or agency's fiscal I providers only)
pyramid corporate structure	corporate structure? If applicable, list name and es. Explain as necessary. (Type in or attach a
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	ed with a pyramid or parent pyramid corporate structure button after you select a file

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Attach	Browse	
The completed form 2-month period prec	is a public record if it is filed by a facility that received Seding a request to inspect or copy it.	State-appropriated funds during th
as the facility receive	ed such funds?	
○ Yes		
the facility is not ye	t operating, will it receive State-appropriated funds when it	t begins operation?
O Yes   No		
0 163 0 110		
	ed to revise information provided in a previously submitted	Abortion Facility License Form?
	ed to revise information provided in a previously submitted	Abortion Facility License Form?
Is this form being fil  ○ Yes   ○ No  List names and lice	ense numbers of physicians performing abortions in at	
Is this form being fil  ○ Yes   ○ No  List names and lice		-
Is this form being fil  ○ Yes   ○ No  List names and lice	ense numbers of physicians performing abortions in at	pove facility (Type in or attach
Is this form being fil  Yes  No  List names and lice	ense numbers of physicians performing abortions in at	pove facility (Type in or attach
Is this form being file  Yes No  List names and lice Cument. Make sure  108(b)(1	ense numbers of physicians performing abortions in at	pove facility (Type in or attach
Is this form being fil  Yes  No  List names and lice	ense numbers of physicians performing abortions in at to click <b>Attach</b> button after you select a file.)	pove facility (Type in or attach

\*Please, select payment method:

☑ By credit/debit card

☐ By check/money order



# Certificate of Licensure

31 SOUTH COMMERCE WAY, SUITE 100 ALLENTOWN WOMENS' CENTER, INC. BETHLEHEM The Pennsylvania Department of Health hereby issues this certificate of licensure to the above Class B Abortion Facility

LICENSURE NUMBER: 00038701

ISSUED ON: 11/14/2017

11/30/2017 EFFECTIVE FROM:

EXPIRES ON: 11/30/2018

The maximum number of procedure rooms shall not exceed 2 rooms.

This LICENSE shall expire on the above date, unless for good cause suspended or revoked sooner.

EXCEPTIONS: 29.33(6), 551.22 (a)(2), 555.31 (a), 559.3 (b), 571.1, 571.1, 571.1, 571.2 (d) LETTER ON FILE IN FACILITY. SURGERY TYPES: Medical Abortion Procedures, Surgical Abortion Procedures

ANESTHESIA TYPES: Mac

Nancy J. healawage.

Rachel L. Levine, 100 Secretary of Health



NOTE: This license must be posted in a conspicuous place on the pemises.



### **License Application Form**

### ALLENTOWN WOMENS' CENTER, INC. 31 SOUTH COMMERCE WAY, SUITE 100

	Facility ID:		#: 00038701 Medicar	e No: 8-3903	
County	Northamp	ton	Type of		ication
Phone Number	(484)821-	0821	Applica		
ax Number	(484)821-	7.53	Type of Owners		
Email Address	708(b)	(6)	Type of	,	
lame of Immediate	Owner		Operati		
Accreditation Information	ation		Unknown		
Please attach a copy	of the Accrediting	Organization's ac	creditation letter.		
Attach		Browse			
Current License Nun	nber 00038701		Expiration Date of	Current License 11/	30/2017
ABF Beds			63869		
Operating Rooms		Procedure Rooms	21	Treatment Rooms	
Type of Surgery:	Medical Abo	ortion Procedures,	Surgical Abortion Pro	cedures	
ABF Fields				<u></u>	
Anesthesia Type	MAC		Physical Status	CLASS 2	
dministrator/CEO/Dire	ctor				· On you
708(b)(	1)(ii)			Effective	11/8/2017
Medical Director Na	708	(b)(1)(ii)			
Director of Nursing	Name				
Are there any dire tave ever been conv (VIII, XIX, or XX?  Yes  No	ctors, officers, ag victed of a crimina	ents, or managing I offense related t	g employees of the in to their involvement in	stitution, agency or n such programs est	organization w ablished by Tit
as there been a cha r control within the l then?		Do you anticipate ownership or cor If yes, when?	e any change of atrol within the year?	Do you anticipate bankruptcy within when?	
Yes		<b>—</b>			
1163		Yes		Yes	

<b>☑</b> No	☑ No	<b>☑</b> No
List name and address of click <b>Attach</b> button after	f all persons having ownership of 5%	or more (Type in or attach a document. Make sure
708(b)(1)(ii) ar		<u> </u>
		<u>•</u>
Attach	Browse	
If appropriate, list the nate click <b>Attach</b> button aff	me and address of trustees or board ter you select a file.)	members. (Type in or attach a document. Make su
(BOD Member List for DOH Remove Attachment	2017.docx) View Attachment	
more in the institution,	organizations, or agency that have t	indirect ownership or control interest of 5 percent peen convicted of a criminal offense related to the grams established by Titles XVIII, XIX, or XX?
accounting, auditing, or :	uals currently employed by the insistence in the instance of t	titution, agency, or organization in a manageria by the institution's organization's, or agency's fisc /III providers only)
address of parent corpo	ship involved with a pyramid or pare pration or pyramid corporate struct click <b>Attach</b> button after you select a	nt corporate structure? If applicable, list name ar ures. Explain as necessary. (Type in or attach file.)
NO		_
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Attach	Browse	
* Does owner(s) or corpo  Yes  No	rate members have financial interest	n other health care facilities?
	dress of all other health care faciliti	es in which the owner or corporate members hav

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* The comp 12-month pe	eleted form is a public record eriod preceding a request to	if it is filed by a facility that received State-appropriated funds during the inspect or copy it.
Has the facil	lity received such funds?	
Oyes	● No	
If the facility	is not yet operating, will it r	receive State-appropriated funds when it begins operation?
O Yes	<b>⊚</b> No	
* Is this for	m being filed to revise inform	nation provided in a previously submitted Abortion Facility License Form?
O Yes	<b>●</b> No	
List name	es and license numbers of	physicians performing abortions in above facility (Type in or attach
incument N	(1) (1) (1)	tton after you select a file.)
N8/ŀ	22A I A I I A	
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08(k		

Payment:

A \$250.00 licensure fee must accompany this application. Please submit payment online or via check or money order. Click here for <u>Payment Information</u>.

\*Please, select payment method:

☑ By credit/debit card

■ By check/money order



## Certificate of Registration

# TO OPERATE AS A CLASS "A" ABORTION FACILITY

This is to Certify that

## BERGER & BENJAMIN LLP

### 1335 TABOR ROAD SUITE 202 PHILADELPHIA

Is Hereby Granted This Approval Under The Laws Of The Commonwealth of Pennsylvania, 35 P.S. §448.802a etseq., To Operate As An Abortion Facility (Class A)

The maximum number of procedure rooms shall not exceed 2 rooms.

REGISTRATION NUMBER: 00078701

EXCEPTIONS: 29.33(6), 551.22 (a)(2), 551.22 (a)(2), 555.31 (a), 569.2 (a), 571.1, 571.1, 571.1, 571.12 (a)(b)(c), 571.2 (d) LETTER ON FILE IN FACILITY.

SURGERY TYPE: Medical Abortion Procedures, Surgical Abortion Procedures

ANESTHESIA TYPE:Local

Issued On: 12/05/2017

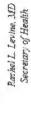
Effective From 12/31/2017

Nancy J. hostoning

Nancy J. Leseavage buth Servetary for Osality Assurance

CASSA CASSA

Expiration Date: 12/31/2018



NOTE: This registration must be posted in a conspicuous place on the pemises.

pennsy(vania

☐ Yes ☑ No

when?

Yes



### Pennsylvania Department of Health

### License Application Form

### BERGER & BENJAMIN LLP 1335 TABOR ROAD SUITE 202 PHILADELPHIA, PA 19141

Facility ID: 00078701 License #: 00078701 Medicare No: 9-5137 County Philadelphia Type of Renewal Application Application (Closed) Phone Number (215)424-0222 Type of Fax Number (215)424-8960 Ownership Email Address 708(b)(6) Type of Name of Immediate Owner Operation Accreditation Information 10-AAAA \* Class A facilities are required to attach their accreditation/deemed letter. If you are accredited and deemed, please attach your deemed letter. If you are accredited only, please attach your accreditation letter. (aaaasf.pdf) Remove Attachment View Attachment Current License Number 00078701 Expiration Date of Current License 12/31/2017 ABF Beds Operating Rooms Procedure Rooms Treatment Rooms 2 Type of Surgery: Medical Abortion Procedures, Surgical Abortion Procedures ABF Fields Anesthesia Physical LOCAL CLASS 2 Type Status Administrator/CEO/Director Name l708(b)(1)(ii) Effective 3/21/2011 \* Medical Director Name \* Director of Nursing Name \* Are there any directors, officers, agents, or managing employees of the institution, agency or organization who have ever been convicted of a criminal offense related to their involvement in such programs established by Titles XVIII, XIX, or XX?

https://sais.health.pa.gov/CommonPOC/licensing/AppRenewal.aspx?lictrackid=32836712&facid=00078701& 04/	11/2018
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ownership or control within the year?

Do you anticipate filing for

when?

☐ Yes

bankruptcy within the year? If yes,

Has there been a change in ownership Do you anticipate any change of

If yes, when?

Yes

or control within the last year? If yes,

☑ No	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
List name and acclick Attach but	ddress of all persons having ownership o	of 5% or more (Type in or attach a doc	ument. Make sure to
708(b)(	1)(ii) and (6)		۵
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Attach			
	st the name and address of trustees or outton after you select a file.)	boardmembers. (Type in or attach a d	ocument. Make sure
/08(b)(	1)(ii) and (6)		ے
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more in the inst	individuals or organizations having a dir titution,organizations, or agency that l uch persons, or organizations in any of t	have been convicted of a criminal off	ense related to the
accounting, audition intermediary or of the Yes	y individuals currently employed by t ting, or similar capacity who were emp carrier within the previous 12 months? (*	loyed by the institution's organization's	n in a managerial, s, or agency's fiscal
<b>☑</b> No			
address of pare document. Make Yes	s ownership involved with a pyramid o ent corporation or pyramid corporate sure to click <b>Attach</b> button after you se	structures. Explain as necessary. (Ty	able, list name and ype in or attach a
No			_
	Browse	1	_
Attach	Diowdo		
	or corporate members have financial in	terest in other health care facilities?	
☐ Yes ☑ No			

\*Please, select payment method:

☑ By credit/debit card

☐ By check/money order

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he completed form is a public record if it is filed by a facility that received State month period preceding a request to inspect or copy it.	e-appropriated funds during th
the facility received such funds?	
○ Yes ● No	
ne facility is not yet operating, will it receive State-appropriated funds when it be	gins operation?
○ Yes	
this form being filed to revise information provided in a previously submitted Ab	ortion Facility License Form?
○ Yes	
ist names and license numbers of physicians performing abortions in above ument. Make sure to click <b>Attach</b> button after you select a file.)	e facility (Type in or attach
08(b)(1)(ii)	ے
	<b>+</b> 1
Browse	_
tach	



# Certificate of Licensure

PHILADELPHIA WOMEN'S CENTER, INC. 777 APPLETREE STREET, 7TH FLOOR PHILADELPHIA

The Pennsylvania Department of Health hereby issues this certificate of licensure to the above Class B Abortion Facility

LICENSURE NUMBER: 00178701

ISSUED ON: 03/27/2018

EFFECTIVE FROM: 03/31/2018

EXPIRES ON: 03/31/2019

The maximum number of procedure rooms shall not exceed 3 rooms.

This LICENSE shall expire on the above date, unless for good cause suspended or revoked sooner.

EXCEPTIONS: 29.33(6), 551.22 (a)(2), 551.22 (a)(2), 555.24 (b), 555.31 (a), 559.3 (b), 569.2 (a), 571.1, 571.1, 571.2 (d) LETTER ON FILE IN

SURGERY TYPES: Medical Abortion Procedures, Surgical Abortion Procedures

ANESTHESIA TYPES: Mac

Hancy J. Lescavage Noncy J. Lescavage Dapus Secretary for Quality Assurance

Rachel L. Levine, MD Secretary of Health



NOTE: This license must be posted in a conspicuous place on the premises.



### **License Application Form**

PHILADELPHIA WOMEN'S CENTER, INC. 777 APPLETREE STREET, 71H FLOOR PHILADELPHIA, PA 19106

County	Philadelphi	a	Type of	Renewal App	lication
Phone Number	(215)574-		Applicat		
Fax Number			Type of Owners		
Email Address	708(b)(	6)	Type of		
Name of Immedi —	iate Owner		Operation		
Accreditation Inf	formation		Unknown		
Please attach a c	copy of the Accrediting	Organization's a	ccreditation letter.		
		Browse			
Attach					
Current License	Number 00178701		Expiration Date of	Current License 3/3	1/2018
ABF Beds					
Operating Room	S	Procedure Room	21	Treatment Rooms	
Type of Surgery:	: Medical Abo	ortion Procedures	s, Surgical Abortion Pro	cedures	
ABF Fields					
Anesthesia Type	MAC		Physical Status	CLASS 2	
Administrator/CEO/		and the life commence of the experience of the e			
Name 708	(b)(1)(ii)		_	Effective	9/28/2016
* Medical Directo	or Name $708$	3(b)(1)(i			
* Director of Nur	rsing Name	( - ) ( - ) (			
* Are there any have ever been XVIII, XIX, or XX  Yes	convicted of a crimina	ents, or managir I offense related	ng employees of the in to their involvement in	stitution, agency or n such programs es	organization tablished by T
	change in ownership the last year? If yes,		te any change of ontrol within the year?	Do you anticipate bankruptcy within when?	
Yes		✓ Yes	04/15/2018	Yes	
	(mm/dd/yyyy)		(mm/dd/yyyy)		(mm/dd/y

List name and address of all persons having ownership of 5% or more (Type in or attach a document. Make sure to click Attach button after you select a file.)  Philadelphia Women's Center is a Pemsylvania C Corporation and a 100% owned subsidiary of Humedoc Corp.  Name: Humedoc Corp.  Address: 801 Chapel Avenue East, Sute B Cherry Hill NL 108034  (B(b)(1)(ii)  Browse  Attach  If appropriate, list the name and address of trustees or boardmembers. (Type in or attach a document. Make sure to click Attach button after you select a file.)  708(b)(1)(iii)  President Freedom Treasurer APN Secretary  Are there any individuals or organizations having a direct or indirect ownership or control interest of 5 percent or more in the institution, organizations, or agency that have been convicted of a criminal offense related to thinvolvement of such persons, or organizations in any of the programs established by Titles XVIII, XIX, or XX?  Yes  No  * Are there any individuals currently employed by the institution, agency, or organization in a manageria accounting, auditing, or similar capacity who were employed by the institution's organization's, or agency's fisci intermediary or carrier within the previous 12 months? (Title XVIII providers only)  Yes  No  * Is the facility's ownership involved with a pyramid or perent corporate structure? If applicable, list name an address of parent corporation or pyramid corporate structures. Explain as necessary. (Type in or attach document. Make sure to click Attach button after you select a file.)  Yes  No  Browse  Browse  Attach  Browse	click Attach button after you select a file.)  Philadelphia Women's Center is a Pernsylvania C Corporation and a 100% owned subsidiary of Humedco Corp.  Name: Humedco Corp.  Address: 801 Chapel Avenue East, Suite B Cherry Hill. NJ 08034  are the three individuals that own Humedco Corp.  Browse  Attach  If appropriate, list the name and address of trustees or boardmembers. (Type in or attach a document. Make to click Attach button after you select a file.)  *Are there any individuals or organizations having a direct or indirect ownership or control interest of 5 percemore in the institution, organizations, or agency that have been convicted of a criminal offense related to involvement of such persons, or organizations in any of the programs established by Titles XVIII, XIX, or XX?  No  *Are there any individuals currently employed by the institution, agency, or organization in a manage accounting, auditing, or similar capacity who were employed by the institution's organization's, or agency's intermediary or carrier within the previous 12 months? (Title XVIII providers only)  *Are there any individuals currently employed by the institution's organization in a manage accounting, auditing, or similar capacity who were employed by the institution's organization's, or agency's intermediary or carrier within the previous 12 months? (Title XVIII providers only)  *Are there any individuals currently employed by the institution's organization's, or agency's intermediary or carrier within the previous 12 months? (Title XVIII providers only)  *Are there any individuals currently employed by the institution's organization in a manage accounting, auditing, or similar capacity who were employed by the institution's organization's, or agency's intermediary or carrier within the previous 12 months? (Title XVIII providers only)  *Are there any individuals currently employed by the institution's organization's, or agency's intermediary or carrier within the previous 12 months? (Title XVIII providers only)	✓No	□No	✓No
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Michael	* Does owner(s) or corporate members have financial interest in other health care facilities?	Attach	Browse	
		Altacit		
	□ No			

Name: Cherry Hill Women's Center	_
ddress: 502 Kings Highway North Cherry Hill, NJ 08034	
lame: Delaware County Women's Center	_
ddress: 1 Medical Center Blvd	
CCMC Annex- 4th Floor	
Browse	
Attach	
The completed form is a public record if it is filed by a facility that receive 2-month period preceding a request to inspect or copy it.	ed State-appropriated funds during t
as the facility received such funds?	
○ Yes	
f the facility is not yet operating, will it receive State-appropriated funds whe	en it begins operation?
○ Yes	- Taran
Is this form being filed to revise information provided in a previously submit	tted Abortion Facility License Form?
Ov Ov.	
○ Yes ● No	
List names and license numbers of physicians performing abortions in ocument. Make sure to click <b>Attach</b> button after you select a file.)	above facility (Type in or attach
	_
(08(b)(1)(II)	
	-
Browse	
Attach	
Payment:	
A \$250.00 licensure fee must accompany this application. Please submit page	ayment online or via check or mone
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A \$250.00 licensure fee must accompany this application. Please submit proorder. Click here for Payment Information.	ayment online or via check or mone
Payment: A \$250.00 licensure fee must accompany this application. Please submit proorder. Click here for Payment Information.  *Please, select payment method:  ☑ By credit/debit card	ayment online or via check or mone



## Certificate of Registration

# TO OPERATE AS A CLASS "A" ABORTION FACILITY

This is to Certify that

# PLANNED PARENTHOOD KEYSTONE D/B/A PLANNED PARENTHOOD KEYSTONE - ALLENTOWN

### 29 NORTH 9TH STREET

### ALLENTOWN

Is Hereby Granted This Approval Under The Laws Of The Commonwealth of Pennsylvania, 35 P.S. §448.802a etseq., To Operate As An Abortion Facility (Class A)

The maximum number of procedure rooms shall not exceed 2 rooms.

REGISTRATION NUMBER: 00218701

EXCEPTIONS: 29.33(13), 29.33(13), 29.33(6), 551.22 (a)(2), 551.22 (a)(2), 551.22 (a)(2), 555.33 (d)(6)(i-iv), 555.33 (d)(6)(i-iv), 555.33 (d)(6)(i-iv), 559.1 Nursing Department, 559.3 (b), 559.3 (b), 571.1, 571.1, 571.1, 571.1 LETTER ON FILE IN FACILITY.

SURGERY TYPE: Medical Abortion Procedures, Surgical Abortion Procedures

ANESTHESIA TYPE:Local

Issued On: 07/27/2017

Effective From: 07/31/2017

Nancy J. hescarage.

Expiration Date: 07/31/2018

Rackel L. Levine ML Secretary of Health

> pennsylvania DEPARTMENT OF HEALTH

NOTE: This registration must be posted in a conspicuous place on the pemises.



### License Application Form

### PLANNED PARENTHOOD KEYSTONE - ALLENTOWN 29 NORTH 9TH STREET ALLENTOWN, PA 18101 Facility ID: 00218701 License #: 00218701 Medicare No: 8-3910 County Lehigh Type of Renewal Application Application (Closed) Phone Number (844)602-1041 Type of Fax Number (610)481-0486 Ownership 708(b)(6) Email Address Type of Name of Immediate Owner Operation Accreditation Information 10-AAAA \* Class A facilities are required to attach their accreditation/deemed letter. If you are accredited and deemed, please attach your deemed letter. If you are accredited only, please attach your accreditation letter. (Allentown Quad A 2017 Self Survey Certificate..pdf) Remove Attachment View Attachment Current License Number 00218701 Expiration Date of Current License 7/31/2017 ABF Beds Operating Rooms Procedure Rooms Treatment Rooms 2 Type of Surgery: Medical Abortion Procedures, Surgical Abortion Procedures **ABF Fields** Anesthesia Physical LOCAL CLASS 1 Type Status Administrator/CEO/Director 708(b)(1)(ii) Name Effective 6/25/2016 708(b)(1)(ii) \* Medical Director Name \* Director of Nursing Name \* Are there any directors, officers, agents, or managing employees of the institution, agency or organization who have ever been convicted of a criminal offense related to their involvement in such programs established by Titles XVIII, XIX, or XX? Yes **☑** No Has there been a change in ownership Do you anticipate any change of Do you anticipate filing for or control within the last year? If yes, ownership or control within the year? bankruptcy within the year? If yes, when? when? If yes, when? Yes Yes

☐ Yes

☑No	(mm/dd/yyyy)	(mm/dd/yyyy) 🗹 No	(mm/dd/yyyy
	ddress of all persons having ownership	of 5% or more (Type in or attach a doc	ument. Make sure t
Planned Parentho The organization i	ood Keystone is registered with the Departme	ent of State as an independent not for profit (50 d Parenthood Keystone is a fully accredited affi	
Planned Parentho 123 William Street	ood Federation of America		
New York, NY 100			_
Attach	Browse		
		or boardmembers. (Type in or attach a d	ocument. Make sur
	outton after you select a file.) t and Contact Info 2017-2018.pd.pdf)		=
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Planned Parentho	ood Keystone is a fully accredited affiliate of F	PFA,Inc.	_
	ood Federation of America t, 1 Floor	PPFA,Inc.	
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Planned Parentho 123 William Street New York, NY 100	ood Federation of America t, 1 Floor 038	eystone:	
Planned Parentho 123 William Street New York, NY 100 The following cent Attach	ood Federation of America t, 1 Floor 038 ters are operated by Planned Parenthood Ke	eystone:	<u>-</u>

□ By credit/debit card☑ By check/money order

20 North 9th Street	dba Planned Parenthood Keystone-Allentown	_
Allentown, PA 18101 DOH License number 00218701		
	dba Planned Parenthood Keystone-Reading	
48 S. 4th Street		
Attach	Browse	
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	public record if it is filed by a facility that received State-a request to inspect or copy it.	appropriated funds during the
Has the facility received such	n funds?	
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If the facility is not yet opera	ating, will it receive State-appropriated funds when it begin	ns operation?
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* Is this form being filed to r	revise information provided in a previously submitted Abort	tion Facility License Form?
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* List names and license r document. Make sure to click	numbers of physicians performing abortions in above for <b>Attach</b> button after you select a file.)	acility (Type in or attach a
	E NUMBERS 6.2017.docx)	=
* List names and license r	numbers of physicians performing abortions in above for the case of the case o	facility (Type in or attac



## Certificate of Registration

# TO OPERATE AS A CLASS "A" ABORTION FACILITY

This is to Certify that

# PLANNED PARENTHOOD KEYSTONE D/B/A PLANNED PARENTHOOD KEYSTONE - READING

## 48 SOUTH FOURTH STREET READING

Is Hereby Granted This Approval Under The Laws Of The Commonwealth of Pennsylvania, S. §448.802a etseq., To Operate As An Abortion Facility (Class A)

The maximum number of procedure rooms shall not exceed 2 rooms.

REGISTRATION NUMBER: 00228701

EXCEPTIONS: 29.33(13), 29.33(6), 551.22 (a)(2), 551.22 (a)(2), 559.1 Nursing Department, 559.3 (b), 571.1 LETTER ON FILE IN FACILITY.

SURGERY TYPE: Medical Abortion Procedures, Surgical Abortion Procedures

ANESTHESIA TYPE:Local

Issued On: 07/26/2017

Effective From: 07/31/2017

Nancy J. hescarage

Nancj. J. Letcavage eputy Secretary for Quality Assurance

Expiration Date: 07/31/2018

Rachel L. Levine, MD Secretary of Health

pennsylvania DEPARTMENT OF HEALTH

NOTE: This registration must be posted in a conspicuous place on the pemises.

Yes



### Pennsylvania Department of Health

### **License Application Form**

PLANNED PARENTHOOD KEYSTONE - READING **48 SOUTH FOURTH STREET** READING, PA 19602 Facility ID: 00228701 License #: 00228701 Medicare No: 8-0607 Type of Renewal Application County Berks Application (Closed) (844)602-1045 Phone Number Type of Fax Number (610)481-0486 Ownership 708(b)(6) Email Address Type of Name of Immediate Owner Operation 10-AAAA Accreditation Information \* Class A facilities are required to attach their accreditation/deemed letter. If you are accredited and deemed, please attach your deemed letter. If you are accredited only, please attach your accreditation letter. (Reading Quad A 2017 Self-Survey Certificate.pd.pdf) Remove Attachment View Attachment Current License Number 00228701 Expiration Date of Current License 7/31/2017 **ABF Beds** Treatment Rooms Operating Rooms Procedure Rooms 2 Type of Surgery: Medical Abortion Procedures, Surgical Abortion Procedures ABF Fields Anesthesia Physical LOCAL CLASS Status Type Administrator/CEO/Director Effective 6/25/2016 Name (d)80 708(b)(1)(ii \* Medical Director Name \* Director of Nursing Name \* Are there any directors, officers, agents, or managing employees of the institution, agency or organization who have ever been convicted of a criminal offense related to their involvement in such programs established by Titles XVIII, XIX, or XX? ☐ Yes **✓** No Has there been a change in ownership Do you anticipate any change of Do you anticipate filing for bankruptcy within the year? If yes, or control within the last year? If yes, ownership or control within the year? when? If yes, when? when?

Yes

Yes

✓No	(mm/dd/yyyy)	<b>✓</b> No	(mm/dd/yyyy) No	(mm/dd/yyyy)
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corporation. The		a Board of Direc	ent of State as an independent not for profit (cors. Planned Parenthood Keystone is a fully	
Planned Parentho 123 William Stree	ood Federation of America et, 10th Floor			_
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to click Attach	button after you select	a file.)	or boardmembers. (Type in or attach a	document. Make sure
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		edited amiliate of I	PPFA,Inc.	
	nters are operated by Plann	ed Parenthood Ke	pystone:	_
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▼ No  If yes list nam	ne and address of all o	ther health car	e facilities in which the owner or corp	orate members have
			sure to dick <b>Attach</b> button after you s	

□ By credit/debit card☑ By check/money order

20 North 9th Street Allentown, PA 18101	stone dba Planned Parenthood Keystone-Allentown
DOH License number 00	218701
Planned Parenthood Key 48 S. 4th Street	stone dba Planned Parenthood Keystone-Reading
	Browse
Attach	
* The completed form 12-month period prece	is a public record if it is filed by a facility that received State-appropriated funds during the eding a request to inspect or copy it.
Has the facility receive	ed such funds?
○ Yes	
	operating, will it receive State-appropriated funds when it begins operation?
	operating, will it receive State-appropriated funds when it begins operation?
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If the facility is not yet  Yes No  * Is this form being file  Yes No  * List names and lict document. Make sure	Trade aller State



## Certificate of Registration

# TO OPERATE AS A CLASS "A" ABORTION FACILITY

This is to Certify that

# PLANNED PARENTHOOD KEYSTONE D/B/A PLANNED PARENTHOOD KEYSTONE - WARMINSTER

### 610 LOUIS DRIVE SUITE 303 WARMINSTER

Is Hereby Granted This Approval Under The Laws Of The Commonwealth of Pennsylvania, 35 P.S. §448.802a etseq., To Operate As An Abortion Facility (Class A)

The maximum number of procedure rooms shall not exceed 2 rooms.

REGISTRATION NUMBER: 00188701

EXCEPTIONS: 29.33(13), 29.33(6), 551.22 (a)(2), 551.22 (a)(2), 559.1 Nursing Department, 559.3 (b), 571.1, 571.2 (d) LETTER ON FILE IN FACILITY.

SURGERY TYPE: Medical Abortion Procedures, Surgical Abortion Procedures

ANESTHESIA TYPE:Local

Issued On: 07/27/2017

Effective From: 07/31/2017

Nancy J. healawage --

Nancy J. Leseavage eputy Secretary for Quality Assurance

Rac

Expiration Date: 07/31/2018

Rachel L. Levine, MD Secretary of Health

NOTE: This registration must be posted in a conspicuous place on the pemises.

pennsylvania DEPARTMENT OF HEALTH



### License Application Form

### PLANNED PARENTHOOD KEYSTONE - WARMINSTER 610 LOUIS DRIVE SUITE 303

WARMINSTER, PA 18974

Facility ID: 00188701 License #: 00188701 Medicare No: 8-0908 County **Bucks** Renewal Application Type of Application (Closed) Phone Number (215)957-7980 Type of Fax Number (610)481-0486 Ownership Email Address Type of Name of Immediate Owne Operation Accreditation Information 10-AAAA \* Class A facilities are required to attach their accreditation/deemed letter. If you are accredited and deemed, please attach your deemed letter. If you are accredited only, please attach your accreditation letter. (Warminster Quad A Self-Survey Certificate.pdf) Remove Attachment View Attachment Current License Number 00188701 Expiration Date of Current License 7/31/2017 ABF Beds Operating Rooms Procedure Rooms Treatment Rooms 2 Type of Surgery: Medical Abortion Procedures, Surgical Abortion Procedures **ABF Fields** Anesthesia Physical LOCAL CLASS Type Status Administrator/CEO/Director 708(b)(1)(ii) Effective 6/25/2016 '08(b)(1)(ii) \* Medical Director Name \* Director of Nursing Name \* Are there any directors, officers, agents, or managing employees of the institution, agency or organization who have ever been convicted of a criminal offense related to their involvement in such programs established by Titles XVIII, XIX, or XX? Yes **☑** No Has there been a change in ownership Do you anticipate any change of Do you anticipate filing for ownership or control within the year? or control within the last year? If yes, bankruptcy within the year? If yes, when? If yes, when? when? ☐ Yes ☐ Yes Yes

☑ No	(mm/dd/yyyy)	✓ No	(mm/dd/yyyy)	✓No	(mm/dd/yyyy)
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Planned Parenthood corporation. The organ	Keystone is registered	with the Departs a Board of Direct	rrient of State as an independ ctors. Planned Parenthood K	ent not for profit (50 eystone is a fully ac	11c3) credited affiliate
Planned Parenthood F 123 William Street, 10 New York, NY 10038	Federation of America oth Floor				-1
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Planned Parenthood I	Keystone is a fully accr	edited affiliate of	PPFA,Inc.		_
Planned Parenthood F 123 William Street, 1 F New York, NY 10038					_
	are operated by Planns	ed Farenthood K	eystone:		•
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			re facilities in which the e sure to click <b>Attach</b> but		

_	enumber 00216701 enthood Keystone dia Planned Parenthood Keystone-Reading eet and sectors are sectors and sectors are sectors and sectors
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r attach a	es and license numbers of physicians performing abortions in above facility (Type in or a Make sure to click <b>Attach</b> button after you select a file.)
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☐ By credit/debit card

☑ By check/money order

\*Please, select payment method:



## Certificate of Registration

## TO OPERATE AS A CLASS "A" ABORTION FACILITY

This is to Certify that

# PLANNED PARENTHOOD KEYSTONE D/B/A PLANNED PARENTHOOD KEYSTONE - YORK

## 728 SOUTH BEAVER STREET

## YORK

Is Hereby Granted This Approval Under The Laws Of The Commonwealth of Pennsylvania, 35 P.S. §448.802a etseq., To Operate As An Abortion Facility (Class A)

The maximum number of procedure rooms shall not exceed 2 rooms.

REGISTRATION NUMBER: 00198701

EXCEPTIONS: 29.33(13), 29.33(13), 29.33(6), 29.33(6), 551.22 (a)(2), 551.22 (a)(2), 551.22 (a)(2), 555.33 (d)(6)(i-iv), 559.1 Nursing Department, 559.2 (1), 559.3 (b), 559.3 (b), 571.1, 571.1, 571.1 LETTER ON FILE IN FACILITY.

SURGERY TYPE:Medical Abortion Procedures, Surgical Abortion Procedures

ANESTHESIA TYPE:Local

Issued On: 07/25/2017

Effective From: 07/31/2017

Nancy J. heacanage

Nancy J. Lescavage Deputy Secretary for Quality Assurance

Expiration Date: 07/31/2018

Rachel L. Levine, MD Secretary of Health

Dennsylvania

Department of Health

NOTE: This registration must be posted in a conspicuous place on the pemises.

Application Form Page 1 of 3



## Pennsylvania Department of Health

## **License Application Form**

## PLANNED PARENTHOOD KEYSTONE - YORK

728 SOUTH BEAVER STREET YORK, PA 17401

Facility ID: 00198701 License #: 00198701 Medicare No: 8-6704 County York Type of Renewal Application Application (Closed) Phone Number (844)584-5199 Type of Fax Number (610)481-0486 Ownership Email Address Type of Name of Immediate Own Operation Accreditation Information 10-AAAA \* Class A facilities are required to attach their accreditation/deemed letter. If you are accredited and deemed, please attach your deemed letter. If you are accredited only, please attach your accreditation letter. (YORK Quad A 2017 Self-Survey Certificate.pdf) Remove Attachment View Attachment Current License Number 00198701 Expiration Date of Current License 7/31/2017 ABF Beds Operating Rooms Procedure Rooms 2 Treatment Rooms Type of Surgery: Medical Abortion Procedures, Surgical Abortion Procedures **ABF Fields** Anesthesia Physical LOCAL CLASS Type Status Administrator/CEO/Director 708(b)(1)(ii) Name Effective 6/25/2016 708(b)(1)(ii \* Medical Director Name \* Director of Nursing Name \* Are there any directors, officers, agents, or managing employees of the institution, agency or organization who have ever been convicted of a criminal offense related to their involvement in such programs established by Titles XVIII, XIX, or XX? ☐ Yes **✓** No Do you anticipate any change of Has there been a change in ownership Do you anticipate filing for or control within the last year? If yes, ownership or control within the year? bankruptcy within the year? If yes, when? If yes, when? when? Yes Yes ☐ Yes

✓No	(mm/dd/yyyy)	(mm/dd/yyyy)	<b>☑</b> No	(mm/dd/yyyy
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Planned Parenth corporation. The o	nood Keystone is registered with the Coparisorganization is governed by a Board of Directhood Federation of America, Inc.			
Planned Parentho 123 William Street	ood Federation of America t, 10th Floor			
New York, NY 100	D38 Browse.			•
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✓Yes	) or corporate members have financial	interest in other health co	are facilities?	
■No				

□ By credit/debit card☑ By check/money order

Planned Parenthood Keystone dba Planned Parenthood Keystone-Allentown 20 North 9th Street Allentown, PA 18101	_
DOH License number 00218701	
Planned Parenthood Keystone dba Planned Parenthood Keystone-Reading 48 S. 4th Street	_
Browse	
Attach	eren
* The completed form is a public record if it is filed by a facility that received State-appropriation and period preceding a request to inspect or copy it.	riated funds during the
Has the facility received such funds?	
○ Yes	
If the facility is not yet operating, will it receive State-appropriated funds when it begins oper	ration?
○ Yes   No	
* Is this form being filed to revise information provided in a previously submitted Abortion Fa	cility License Form?
○ Yes	
* List names and license numbers of physicians performing abortions in above facility document. Make sure to click <b>Attach</b> button after you select a file.)  (AB PROVIDERS AND LICENSE NUMBERS 6.2017.docx)	(Type in or attach a
Remove Attachment View Attachment	-
<b>Payment:</b> A <b>\$250.00</b> licensure fee must accompany this application. Please submit payment online o order. Click here for <u>Payment Information</u> .	r via check or money
*Please, select payment method:	



## Certificate of Licensure

PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC. 933 LIBERTY AVENUE PITTSBURGH

The Pennsylvania Department of Health hereby issues this certificate of licensure to the above Class B Abortion Facility

LICENSURE NUMBER: 00248701

ISSUED ON: 11/15/2017

EFFECTIVE FROM: 11/30/2017

EXPIRES ON: 11/30/2018

The maximum number of procedure rooms shall not exceed 3 rooms.

THE MINISTER HEALTH THE PARTY OF THE TOTAL SHALL HOLD CACCOL 3 TOTALS.

EXCEPTIONS: 29.33(13), 29.33(6), 551.22 (a)(2), 551.22 (a)(2), 557.4 (a)(1-4), 559.1 Nursing Department, 559.3 (b), 571.1, 571.1, 571.2 (d), 571.2 (d) This LICENSE shall expire on the above date, unless for good cause suspended or revoked sooner.

SURGERY TYPES: Medical Abortion Procedures, Surgical Abortion Procedures

ANESTHESIA TYPES: Mac

LETTER ON FILE IN FACILITY

Nancy J. Lessange Sapray Depus; Secretary for Quality Assurance

Rachel L. Levine, MD Secretary of Health



NOTE: This license must be posted in a conspicuous place on the pemises.



## License Application Form

PLANNED PARENTHOOD OF WESTERN PENNSYLVANIA, INC.
933 LIBERTY AVENUE
PITTSBURGH, PA 15222
Facility ID: 00248701 License #: 00248701 Medicare No:

	Allegheny		Type o		val Application
Phone Number	(412)562-1		Applica Type o	•	1)
Fax Number	(412)434-8	3974	Owner		
Email Address	708(b)(	6)	Type o		
Name of Immediate	e Owner		Operat	ion	
Accreditation Inform	nation	Company American when when	Unknown		
Please attach a cop	y of the Accrediting	Organization's acc	reditation letter.		
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Current License Nu	ımber 00248701		Expiration Date of	Current Licer	nse 11/30/2017
ABF Beds					
Operating Rooms		Procedure Rooms	3	Treatment R	ooms
Type of Surgery:	Medical Abo	ortion Procedures, S	Surgical Abortion Pro	ocedures	
ABF Fields					
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Anesthesia Type Administrator/CEO/Dir	(1)(ii) Name 708(	(b)(1)(ii)		,	fective 5/1/2006
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Parenthood of Western Per	stern Pennsylvania, Inc is a non-profit cor nnsylvania, Inc., located at 933 Liberty Av deration of America located at 123 William	poration governed by a Board of Directors. Planned enue, Pittsburgh PA 15222, is a fully accredited affiliat is Street, New York, NY 10038.	te
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(Board List w addresses F) Remove Attachmen			$\dot{\Xi}$
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accounting, auditing, or		institution, agency, or organization in a mar ed by the institution's organization's, or agency XVIII providers only)	
address of parent corp		erent corporate structure? If applicable, list na actures. Explain as necessary. (Type in or a a file.)	
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Parenthood of Western Per		poration governed by a Board of Directors. Planned enue, Pittsburgh PA 15222, is a fully accredited affiliat is Street, New York, NY 10038.	e 📤
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Application Form Page 3 of 3

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Has the faci	ility received such	funds?					
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If the facility	y is not yet opera	ting, will it rec	ceive State-app	propriated fui	nds when it beg	ins operation?	
OYes	<b>⊙</b> No						
* Is this for	rm being filed to r	evise informat	ion provided ir	n a previously	submitted Abo	rtion Facility Lic	ense Form?
O Yes	● No						
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## Certificate of Licensure

PLANNED PARENTHOOD SOUTHEASTERN PENNSYLVANIA D/B/A PPSP FAR NORTHEAST HEALTH CENTER 2751 COMLY ROAD The Pennsylvania Department of Health hereby issues this certificate of licensure to the above Class B Abortion Facility

**PHILADELPHIA** 

LICENSURE NUMBER: 9HEG8701

ISSUED ON: 11/16/2017

EFFECTIVE FROM: 11/30/2017

EXPIRES ON: 11/30/2018

The maximum number of procedure rooms shall not exceed 2 rooms.

This LICENSE shall expire on the above date, unless for good cause suspended or revoked sooner.

EXCEPTIONS: 551.22 (a)(2), 551.22 (a)(2), 555.31 (a), 559.1 Nursing Department, 571.1, 571.1, 571.12 (a)(b)(c) LETTER ON FILE IN FACILITY. SURGERY TYPES: Medical Abortion Procedures, Surgical Abortion Procedures

ANESTHESIA TYPES: Mac

Nancy J. hestanage



Rachel L. Levine, M.D. Secretar; of Health

NOTE: This license must be posted in a conspicuous place on the pemises.



## **License Application Form**

PPSP FAR NORTHEAST HEALTH CENTER 2751 COMLY ROAD PHILADELPHIA, PA 19154

	Philadelph	iia	Type of		olication
Phone Number	(267)687-	6640	Applica		
Fax Number	(215)464-	·2246	Type of Owners		
Email Address	708(b	)(6)	Type of		
Name of Immediate	Owner		Operati		
Accreditation Inform	ation		Unknown		
Please attach a copy	of the Accrediting	g Organization's accre	editation letter.		
Attach		Browse			
Current License Nun	mber 9HEG8701		Expiration Date of	Current License 11	/30/2017
ABF Beds Operating Rooms		Procedure Rooms	2	Treatment Rooms	
Type of Surgery:	Medical Ab	ortion Procedures, Su	urgical Abortion Pro	cedures	
ABF Fields					
Anesthesia Type	MAC		Physical Status	CLASS 2	
. , , , .	ctor				
dministrator/CEO/Direc					
700/1-1/	1)(ii)			Effective	12/4/2013
Name 708(b)(	1)(ii)	10/h\/4\	<b>/</b> ;;)	Effective	12/4/2013
Name 708(b)(2	1)(ii) <sub>ame</sub> 70	08(b)(1)	(ii)	Effective	12/4/2013
Administrator/CEO/Director Name 708(b)(*  * Medical Director Na*  * Director of Nursing	1)(ii) <sub>ame</sub> 70	08(b)(1)	(ii)	Effective	12/4/2013
Name 708(b)(*  * Medical Director Na  * Director of Nursing  * Are there any dire	1)(ii)  me  Name  ctors, officers, ag	98(b)(1)  Sents, or managing eal offense related to the	employees of the in-	stitution, agency or	organization v
* Are there any director vivil in XVIII, XIX, or XX?	1)(ii)  ame Name  Actors, officers, agricted of a criminal	Do you anticipate a ownership or control	employees of the inc their involvement in	stitution, agency or	r organization vitablished by Ti
Name 708(b)(* Medical Director Na Director of Nursing Are there any director been convicted.  Yes No Mas there been a chap or control within the life.	1)(ii)  ame Name  Actors, officers, agricted of a criminal	lents, or managing e	employees of the inc their involvement in	stitution, agency or such programs es Do you anticipate bankruptcy within	r organization vitablished by Ti

✓No	√ No	<b>⊘</b> No
List name and address click <b>Attach</b> button after	of all persons having ownership of 5%	or more (Type in or attach a document. Make sure to
N/A - Planned Parenthood operates health centers in	Southeastern Pennsylvania (PPSP) is an in	dependent not-for-profit corporation [501(c)(3)] that lelphia counties. The organization is governed by dependent profit corporation of America, Inc.
1		~1
Attach   In appropriate, list the r	Browse	members. (Type in or attach a document. Make sure
to click Attach button a		-
Remove Attachmen		
Yes ✓ No  * Are there any indivaccounting, auditing, or	iduals currently empl	ograms established by Titles XVIII, XIX, or XX?  stitution, agency, or organization in a managerial, by the institution's organization's, or agency's fiscal VIII providers only)
address of parent con		ent corporate structure? If applicable, list name and cures. Explain as necessary. (Type in or attach a file.)
	dited affiliate of Planned Parenthood Federa	tion of America.
Attach	Browse	
* Does owner(s) or corp  ✓ Yes  □ No	porate members have financial interest	in other health care facilities?
		ies in which the owner or corporate members have click <b>Attach</b> button after you select a file.)

3) PPSP Su 4) Planned I	d Parenthood of Southeastern PA (1221 Powell St, Norristown)	
		_
Attach	Browse	
Autoon		
	mpleted form is a public record if it is filed by a facility that received State-approprian period preceding a request to inspect or copy it.	ated funds during the
Has the fac	acility received such funds?	
O Yes	s   No	
If the facilit	ility is not yet operating, will it receive State-appropriated funds when it begins opera	tion?
O Yes	s	
* Is this for	form being filed to revise information provided in a previously submitted Abortion Faci	lity License Form?
O Yes	s • No	
	ames and license numbers of physicians performing abortions in above facility ( t. Make sure to click <b>Attach</b> button after you select a file.)	Type in or attach a
	er right bare to thek retain battor you select a life.	_
document.	B(b)(1)(ii)	
document.		

Payment:

A \$250.00 licensure fee must accompany this application. Please submit payment online or via check or money order. Click here for Payment Information.

\*Please, select payment method:

☑ By credit/debit card

☐ By check/money order



## Certificate of Licensure

PLANNED PARENTHOOD SOUTHEASTERN PENNSYLVANIA D/B/A PPSP SURGICAL LOCUST STREET HEALTH CENTER

1144 LOCUST STREET PHILADELPHIA The Pennsylvania Department of Health hereby issues this certificate of licensure to the above Class B Abortion Facility

00238701 LICENSURE NUMBER:

11/30/2017 11/16/2017 ISSUED ON: EFFECTIVE FROM:

EXPIRES ON:

11/30/2018

The maximum number of procedure rooms shall not exceed 2 rooms.

This LICENSE shall expire on the above date, unless for good cause suspended or revoked sooner.

EXCEPTIONS: 551.22 (a)(2), 551.22 (a)(2), 555.31 (a), 559.1 Nursing Department, 571.1, 571.1, 571.12 (a)(b)(c), 571.2 (d) LETTER ON FILE IN SURGERY TYPES: Medical Abortion Procedures, Surgical Abortion Procedures

ANESTHESIA TYPES: Mac

Nancy J. hescawage





NOTE: This license must be posted in a conspicuous place on the pemises.



## **License Application Form**

PPSP SURGICAL LOCUST STREET HEALTH CENTER
1144 LOCUST STREET
PHILADELPHIA, PA 19107

	Facility ID: 00238	701 License	#: 00238701	Medicare No:	8-5130	
County	Philadelphia	_		Type of	Renewal App	lication
Phone Number	(215)351-5553			Application	(Closed)	
ax Number	(215)351-5575			Type of Ownership		
Email Address	708(b)(6)			Type of		
Name of Immediate Owner		-		Operation		
Accreditation Information	Million and		Unknown			
Please attach a copy of the	Accrediting Organ	nization's acc	creditation lett	er.		
Attach		Browse				
Current License Number C	00238701		Expiration [	Date of Curre	ent License 11/	30/2017
ABF Beds						
Operating Rooms	Proce	dure Rooms	2	Treat	ment Rooms	
Type of Surgery:	Medical Abortion	Procedures,	Surgical Abort	ion Procedur	res	
ABF Fields						
nesthesia MAC	2		Physical Status	CLA	SS 2	
dministrator/CEO/Director		-			*ur-desserva	
708(b)(1)(ii)	700/		\		Effective	12/4/2013
Medical Director Name	708(	b)(1	$(\Pi)$			
Director of Nursing Name			/(/			
Are there any directors, have ever been convicted of the	officers, agents, of a criminal offen	or managing use related to	employees of their involve	the institut ment in sucl	ion, agency or h programs est	organization w ablished by Tit
as there been a change in r control within the last ye hen?	ar? If yes, owne		e any change o trol within the			filing for the year? If ye
Yes	□ Ye	es			Yes	
. (1	mm/dd/yyyy)		(mm/	dd/yyyy)		(mm/dd/yy

☑ No	<b>☑</b> No	<b>☑</b> No	
List name and address of all policy click <b>Attach</b> button after you		or more (Type in or attach a document. Make	e sure to
N/A - Planned Parenthood South operates health centers in Cheste	eastern Pennsylvania (PPSP) is an i er, Delaware, Montgomery, and Phila	dependent not-for-profit corporation [501(c)(3)] that delphia counties. The organization is governed by ed Parenthood Federation of America, Inc.	_
			_
Attach	Browse		
to click Attach button after y	ou select a file.)	dmembers. (Type in or attach a document. Ma	ake sure
(List of Board Members.2017-18.	pdf) View Attachment		
Remove Attachment	view Attachment	<u> </u>	
more in the institution,orgar	nizations, or agency that have	r indirect ownership or control interest of 5 pe been convicted of a criminal offense related ograms established by Titles XVIII, XIX, or XX	d to the
accounting, auditing, or simil	currently employed by the ir ar capacity who were employed the previous 12 months? (Title	estitution, agency, or organization in a mar I by the institution's organization's, or agency (VIII providers only)	nagerial, /'s fiscal
address of parent corporation	involved with a pyramid or par on or pyramid corporate struc <b>Attach</b> button after you select a	ent corporate structure? If applicable, list na tures. Explain as necessary. (Type in or a file.)	ime and attach a
	ffiliate of Planned Parenthood Feder	ation of America.	_
			<b>-1</b>
	Browse		
Attach			
* Does owner(s) or corporate  Yes  No	members have financial interest	in other health care facilities?	
if yes, list name and addres mancial interest. (Type in or	s of all other health care facili attach a document. Make sure to	ties in which the owner or corporate membe o click <b>Attach</b> button after you select a file.)	ers have

4) Planned Parenthood of South	enter (2751 Comly Rd, Philadelphia) Center (1144 Locust St, Philadelphia) this application eastern PA (1221 Powell St, Norristown)	
		*
Attach	Browse	
* The completed form is a p 12-month period preceding a	ublic record if it is filed by a facility that received State-appropriated funds during request to inspect or copy it.	ng th
Has the facility received such	funds?	
O Yes   No		
If the facility is not yet opera	ting, will it receive State-appropriated funds when it begins operation?	
O Yes   No		
* Is this form being filed to re	evise information provided in a previously submitted Abortion Facility License For	m?
	numbers of physicians performing abortions in above facility (Type in or att	ach
* List names and license r document. Make sure to click	Attach button after you select a file.)	
* List names and license redocument. Make sure to click 708(b)(1)	Attach button after you select a file.)	_
* List names and license redocument. Make sure to click 708(b)(1)	Attach button after you select a file.)	×
* List names and license redocument. Make sure to click 708(b)(1)	Browse	<u></u>

A **\$250.00** licensure fee must accompany this application. Please submit payment online or via check or money order. Click here for <u>Payment Information</u>.

\*Please, select payment method:

☑ By credit/debit card

☐ By check/money order



## Certificate of Registration

## TO OPERATE AS A CLASS "A" ABORTION FACILITY

This is to Certify that

# PLANNED PARENTHOOD SOUTHEASTERN PENNSYLVANIA D/B/A PPSP WEST CHESTER HEALTH CENTER

## 8 SOUTH WAYNE STREET WEST CHESTER

Is Hereby Granted This Approval Under The Laws Of The Commonwealth of Pennsylvania, 35 P.S. §448.802a etseq., To Operate As An Abortion Facility (Class A)

The maximum number of procedure rooms shall not exceed 2 rooms.

REGISTRATION NUMBER: 00208701

EXCEPTIONS: 551.22 (a)(2), 551.22 (a)(2), 555.33 (d)(6)(i-iv), 559.1 Nursing Department, 567.11 (5), 571.1 LETTER ON FILE IN FACILITY

SURGERY TYPE:Medical Abortion Procedures, Surgical Abortion Procedures

ANESTHESIA TYPE:Local

Issued On: 08/07/2017

Effective From: 08/31/2017

Nancy J. healawage

epusy Secretary for Quality Assurance



Rachel L. Levine, MD Secretary of Health

Expiration Date: 08/31/2018

NOTE: This registration must be posted in a conspicuous place on the pemises.



## **License Application Form**

PPSP WEST CHESTER HEALTH CENTER '
8 SOUTH WAYNE STREET
WEST CHESTER, PA 19382

County	Chester				Type of	Renewal App	olication
Phone Number	(267)687-	6649			Application	(Approved)	
Fax Number	(610)241-0	0010			Type of Ownership		
Email Address	708(b)(	6)			Type of		
Name of Immediate Own	ner				Operation		
Accreditation Informatio	in		10	-AAAA			
* Class A facilities are please attach your deem	required to at ned letter. If yo	tach their ou are accr	accreditation edited only,	n/deeme olease at	d letter. If tach your a	you are accred coreditation lett	dited and deemeder.
(Accreditation Letter 7.20	017.pdf)						
Remove Attachmen	t View	Attachmen	it				
Current License Numbe	r 00208701		Ex	piration	Date of Curi	rent License 8/:	31/2017
			discussion areas				meson fundament
ABF Beds							
ABF Beds Operating Rooms		Procedure	Rooms	2	Trea	atment Rooms	
Operating Rooms	Medical Abo		Rooms edures, Surg	1000.			
	Medical Abo			1000.			
Operating Rooms  Type of Surgery:  ABF Fields	Medical Abo		edures, Surg	1000.	tion Procedi		
Operating Rooms  Type of Surgery:  ABF Fields  Anesthesia Type  Administrator/CEO/Director	OCAL		edures, Surg	ical Abor	tion Procedi	ures	
Operating Rooms  Type of Surgery:  ABF Fields  Anesthesia Type  Administrator/CEO/Director	OCAL		edures, Surg	ical Abor	tion Procedi	ures	12/4/2013
Operating Rooms  Type of Surgery:  ABF Fields  Anesthesia Type  Administrator/CEO/Director  Name  708(b)(1)(ii	OCAL		edures, Surg	ical Abor	tion Procedi	ures ASS 1	12/4/2013
Operating Rooms  Type of Surgery:  ABF Fields  Anesthesia Type  Administrator/CEO/Director	OCAL 70		edures, Surg	ical Abor	tion Procedi	ures ASS 1	12/4/2013
Operating Rooms  Type of Surgery:  ABF Fields  Anesthesia Type  Administrator/CEO/Director Name  708(b)(1)(iii)  * Medical Director Name  * Director of Nursing Na  * Are there any director have ever been convicted.	OCAL  me  70  rs, officers, age	8(b)	edures, Surg	Physical Status	tion Procedo	ASS 1  Effective	
Operating Rooms  Type of Surgery:  ABF Fields  Anesthesia Type  Administrator/CEO/Director  Name  708(b)(1)(ii)  * Medical Director Name  * Director of Nursing Na  * Are there any director have ever been convicted XVIII, XIX, or XX?  Yes	me 70	8(b) ents, or m. I offense re	edures, Surg	Physical Status  Physical Status	f the instituement in su	Effective ution, agency or ch programs es	 r organization wh tablished by Title

✓ No (m	m/dd/yyyy) 🗹 No	(mm/dd/yyyy)	✓ No (mm/	dd/yyyy)
click Attach button after you	u select a file.)		or attach a document. Make	sure to
N/A - Planned Parenthood Sout operates health centers in Ches PPSPs Board of Directors. PPS	ter, Delaware, Montgomery, a	and Philate Sounties. The	e organization is governed by	_
				-1
Attach	Browse			_
to click Attach button after	you select a file.)	or boardmembers. (Type	in or attach a document. Mal	ke sure
(List of Board Members 2017-18	3.pdf)	1		-
Remove Attachment	View Attachment			
* Are there any individual accounting, auditing, or sim intermediary or carrier within Yes  No	ilar capacity who were en	mployed by the institution	, or organization in a mana n's organization's, or agency' ly)	agerial, 's fiscal
The factity's ownership address of parent corporat document. Make sure to click of the faction o	ion or pyramid corporate  Attach button after you  e of Planned Parenthood Fed	e structures. Explain as select a file.)	ucture? If applyedite, list item necessary. (Type in it it	ach a
				-1
Attach	Browse.	]		_
* Does owner(s) or corporate Yes No	e members have financial	interest in other health ca	re facilities?	
If yes, list name and addre financial interest. (Type in or	ss of all other health car attach a document. Make	re facilities in which the e sure to click <b>Attach</b> butt	owner or corporate member on after you select a file.)	s have

4) Planned Parenthood	of Southeastern PA (12)	Locust St, Philadelphia) 221 Powell St, Norristown)	
Attach	2 8 1	Browse	
	n is a public record in eding a request to in	if it is filed by a facility that received State-appropriated funds dispect or copy it.	uring t
las the facility receiv	ed such funds?		
O Yes   No			
the facility is not ye	t operating, will it re	eceive State-appropriated funds when it begins operation?	
○Yes			
Is this form being fi	led to revise informa	ation provided in a previously submitted Abortion Facility License F	Form?
O Yes			attach
List names and li		physicians performing abortions in above facility (Type in or on after you select a file.)	
List names and li		physicians performing abortions in above facility (Type in or con after you select a file.)	_
List names and li			<u></u>

A **\$250.00** licensure fee must accompany this application. Please submit payment online or via check or money order. Click here for <u>Payment Information</u>.

\*Please, select payment method:

☑ By credit/debit card

By check/money order



# Registration of Abortion Facility

TO OPERATE AS AN ABORTION FACILITY

This is to Certify that

DELAWARE COUNTY WOMEN'S CENTER, INC.

1 MEDICAL CENTER BLVD.

CHESTER

Is Hereby Granted This Approval Under The Laws Of The Commonwealth of Pennsylvania, 28 PA Code Chapter 29, Subchapter D To Operate As An Abortion Facility

Type of Abortions: Medical Only

Registration Number: FW3L8701

Exceptions: 29.33(6) LETTER ON FILE IN FACILITY.

Issued On: 02/14/2018

Effective From: 02/28/2018

Nancy J. herearge

Nancy J. Lescavage Deputy Secretary for Quality Assurance

Expiration Date: 02/28/2019

Rachel L. Levine MD Secretary of Health



NOTE: This registration must be posted in a conspicuous place on the pemises.



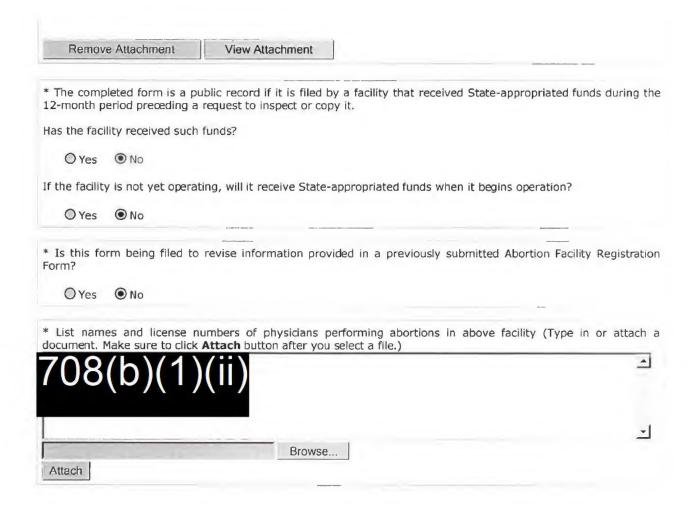
## **License Application Form**

DELAWARE COUNTY WOMEN'S CENTER, INC.

1 MEDICAL CENTER BLVD.
CCMC Annex 4th Floor,
CHESTER, PA 19013
Facility ID: FW3L8701 License #: FW3L8701 Medicare No:

County	Delaware		Type of Applicat	Renewal Appli	cation
Phone Number	(610)874-436		Type of	(Goseu)	
Fax Number	(610)874-4363	3	Ownersh	nip	
Email Address	708(b)(6)		Type of		
Name of Immediate Owner			Operation	on	
Accreditation Information	ation	_	Unknown	_	_
Please attach a copy	of the Accrediting	Organization's accre	editation letter.		
		Browse			
Attach					
Current License Nun	mber FW3L8701		Expiration Date of (	Current License 2/28	3/2018
ABF Beds		_			
Operating Rooms	0.	Procedure Rooms	0;	Freatment Rooms	2
Type of Surgery:		Medical Abort	on Procedures		
ABF Fields					_
Anesthesia Type	N/A		Physical Status	CLASS 1	
dministrator/CEO/Dire	CROSTAL.			Effective	9/11/2015
	708	(b)(1)(ii)		211 33211 3	3,,
* Medical Director Na		(2)(1)(11)			
* Director of Nursing	Name N/A	10 M matter 10 mm and Arthur	-	44,4000	
* Are there any dire nave ever been conv XVIII, XIX, or XX? Yes  No	ectors, officers, ag victed of a crimina	ents, or managing e I offense related to	employees of the ins their involvement in	stitution, agency or such programs est	organization w ablished by Tit
las there been a cha or control within the when?		Do you anticipate ownership or contri If yes, when?		Do you anticipate to bankruptcy within when?	

☐ Yes ☑ No	(mm/dd/	Yes  Yyyyy) • No	(mm/c	☐ Yes ☑ No	(mm/dd/yyyy)
click Attach butt	on after you sele	ons having ownershi ct a file.) ast, Cherry Hill, NJ 080		(Type in or attach a do	cument. Make sure to
/stach		Browse	]		_
If appropriate, listo click <b>Attach</b> be	t the name and utton after you s	address of trustees	or boardmembers	s. (Type in or attach a	decument. Make sure
N/A					_
					_
Attach		Browse.			
more in the inst	itution,organizati	ons, or agency tha	t have been con	ownership or control in victed of a criminal or stablished by Titles XVI	ffense related to the
accounting, audit	ing, or similar ca	rently employed by apacity who were er previous 12 months	mployed by the ir	agency, or organizati nstitution's organization iders only)	on in a managerial, o's, or agency's fiscal
address of parer	nt corporation o	lved with a pyramid r pyramid corporat rch button after you	e structures. Ex	rate structure? If appli plain as necessary. (*	icable, list name and Type in or attach a
(Renewal Documen	t 1 - PARENT COF	RPORTATION.pdf)			#
Remove Atta	chment	View Attachment			
* Does owner(s) o	or corporate men	nbers have financial	interest in other h	nealth care facilities?	
If yes, list name financial interest.	and address of (Type in or attac	all other health can h a document. Make	re facilities in wh	ich the owner or corp ach button after you se	orate members have elect a file.)
(Renewal Documen					=



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# Registration of Abortion Facility

TO OPERATE AS AN ABORTION FACILITY

This is to Certify that

DREXEL UNIVERSITY D/B/A DREXEL OB/GYN ASSOCIATES AT FEINSTEIN 216 N. BROAD STREET

PHILA

Is Hereby Granted This Approval Under The Laws Of The Commonwealth of Pennsylvania, 28 PA Code Chapter 29, Subchapter D To Operate As An Abortion Facility

Type of Abortions: Medical Only

Registration Number: 89LC8701

Issued On: 07/24/2017

Effective From: 07/31/2017

Mancy J. has carage



NOTE: This registration must be posted in a conspicuous place on the pemises.

Expiration Date: 07/31/2018

Rachel L. Levine MD Secretary of Health



## **License Application Form**

DREXEL OB/GYN ASSOCIATES AT FEINSTEIN 216 N. BROAD STREET 4th floor,

PHILA, PA 19102

Facility ID: 891 C8701 | License #: 891 C8701 | Medicare No:

County	Philadelphi	a	Type of		cation
Phone Number	(215)850-8	3181	Applicat		
Fax Number	(215)762-4		Type of Owners		
Email Address	708(b)(6	o)	Type of		
Name of Immediate O	wner		Operation	on	
Accreditation Informat	ion		Unknown		
Please attach a copy of	f the Accrediting	Organization's accre	editation letter.		
Attach		Browse			
Current License Numl	per 89LC8701		Expiration Date of	Current License 7/3	1/2017
ABF Beds					
Operating Rooms	0	Procedure Rooms	0.1	Treatment Rooms	1
Type of Surgery:		Medical Aborti	on Procedures		
ABF Fields					
Anesthesia Type	N/A		Physical Status	CLASS 1	
Administrator/CEO/Direct				Effective	6/1/2011
Name 700(b)(1)				Lifective	0/1/2011
* Medical Director Nar	ne <b>70</b>	8(b)(1)(			
* Director of Nursing I	Name		(11)		
* Are there any direct have ever been convi- XVIII, XIX, or XX?	tors, officers, ag cted of a crimina	ents, or managing e I offense related to	employees of the in their involvement in	stitution, agency or n such programs est	organization w ablished by Tit
Yes		-			
☑ Yes ☑ No					
		Do you anticipate a ownership or contr If yes, when?	any change of ol within the year?	Do you anticipate bankruptcy within when?	

✓No	(mm/dd/yyyy) No (mm/d	dd/yyyy) ✓ №o (mm/dd/yyyy)
List name and	address of all persons having ownership of 5% or more	(Type in or awach a doc went. Make sure to
	utton after you select a file.)	
	ty Board of Trustees .docx)	1 -1 -1
Remove:A	Attachment View Attachment	Nw - ci., w
	list the name and address of trustees or boardmembers button after you select a file.)	s. (Type in or attach a document. Make
	ty Board of Trustees .docx)	
Remove A	Attachment View Attachment	
		and on the
more in the in	y individuals or organizations having a direct or indirect nstitution,organizations, or agency that have been cor f such persons, or organizations in any of the programs e	nvicted of a criminal offense related to 🍇
accounting, au	any individuals currently employed by the institution, iditing, or similar capacity who were employed by the institution or carrier within the previous 12 months? (Title XVIII province)	institution's organization's, or agency's fisca
☐ Yes ☑ No	to click <b>Attach</b> button after you select a file.)	_
Attach	Browse	
	(s) or corporate members have financial interest in other	health care facilities?
✓ Yes		
	me and address of all other health care facilities in w	
	est. (Type in or attach a document. Make sure to click Att	
219 North Broad	for Digestive Health d Street	_
5th Floor Philadelphia, PA	A 19107	
		_
	Browse	
Attach		

	appleted form is a public record if it is filed by a facility that received State-appropri period preceding a request to inspect or copy it.	ated funds during the
Has the fac	cility received such funds?	
Yes	O No	
If the facilit	ity is not yet operating, will it receive State-appropriated funds when it begins opera	ition?
O Yes	● No	
* Is this form?	form being filed to revise information provided in a previously submitted Abortion	n Facility Registration
O Yes	● No	
	mes and license numbers of physicians performing abortions in above facility ( Make sure to click <b>Attach</b> button after you select a file.)	(Type in or attach a
708	3(b)(1)(ii)	_
	Design	_
Attach	Browse	



# Registration of Abortion Facility

TO OPERATE AS AN ABORTION FACILITY

This is to Certify that

MAZZONI CENTER D/B/A MAZZONI CENTER FAMILY AND COMMUNITY MEDICINE 1348 BAINBRIDGE STREET

**PHILADELPHIA** 

Is Hereby Granted This Approval Under The Laws Of The Commonwealth of Pennsylvania, 28 PA Code Chapter 29, Subchapter D To Operate As An Abortion Facility

Type of Abortions: Medical Only

Registration Number: N4HF8701

Issued On: 07/27/2017

Effective From: 07/31/2017

Hancy J. hereange

Nancy J. Lescavage Deputy Servetary for Quality Assurance

Expiration Date: 07/31/2018

Rachel L. Levine MD Secretary of Health



NOTE: This registration must be posted in a conspicuous place on the pemises.



## License Application Form

## MAZZONI CENTER FAMILY AND COMMUNITY MEDICINE 1348 BAINBRIDGE STREET PHILADELPHIA, PA 19147

Facility ID:	N4HF8701	License	#:	N4HF8701	Medicare No:	

County Philadelph Phone Number (215)563- Fax Number (215)563- Email Address 708(b)(6 Name of Immediate Owner	-0658 -0664	Type of Applicat Type of Ownersh Type of Operation	nip	lication
Accreditation Information		Unknown		
Please attach a copy of the Accrediting	Organization's accre	editation letter.		
Attach	Browse			
Current License Number N4HF8701		Expiration Date of (	Current License 7/3	31/2017
ABF Beds				
Operating Rooms 0	Procedure Rooms	0	Treatment Rooms	3
ype of Surgery:	Medical Abort	ion Procedures		
ABF Fields				
Anesthesia N/A Type		Physical Status	CLASS 1	_
Mame 708(b)(1)(ii)  * Medical Director Name  * Director of Nursing Name	8(b)(1)(ii)		Effective	6/23/2017
* Are there any directors, officers, agnave ever been convicted of a crimina (VIII, XIX, or XX?  Yes  No	gents, or managing e al offense related to	employees of the interpretation their involvement in	stitution, agency o	r organization w stablished by Titl
las there been a change in ownership or control within the last year? If yes, when?	Do you anticipate a ownership or contra If yes, when?	any change of rol within the year?	Do you anticipate bankruptcy within when?	
✓ Yes 04/23/2017 (mm/dd/yyyy)	Yes	11/01/2017 (mm/dd/yyyy)	□Yes	(mm/dd/yy

□No	No	✓ No
List name and address of a	all persons having ownership of 5% o	r more (Type in or attach a document, Make sure to
click Attach button after y		
Mazzoni Center Family and Co of the agency.	ommunity Medicine is a non-profit organiza	ation, which enables the board menuses 190% control
Attach	Browse	
	ARREST MARKET STATE A. ARREST A. OF STATE	
to click Attach button after	r you select a file.)	nembers. (Type in or attach a document. Make sure
(Board of Directors - January 2	2016.docx	
Remove Attachment	View Attachment	
more in the institution, org	or organizations having a direct or ganizations, or agency that have b	indirect ownership or control interest of 5 percent or een convicted of a criminal offense related to the grams established by Titles XVIII, XIX, or XX?
☑ No		
☐ Yes ☑ No  * Is the facility's ownersh		ATII providers only)  Int corporate structure? If applicable, list name and ares. Explain as necessary. (Type in or attach a
document. Make sure to cli Yes	ick <b>Attach</b> button after you select a f	ile.)
☑ No		
		_
		_
		_
		<u></u>
	Browse	<u>→</u>
Attach	Browse	<u></u>
		n other health care facilities?
	Browse  ate members have financial interest i	n other health care facilities?
* Does owner(s) or corpora Yes No If yes, list name and add	ate members have financial interest i	n other health care facilities?  es in which the owner or corporate members have click <b>Attach</b> button after you select a file.)

	_
Browse	~
* The completed form is a public record if it is filed by a facility that received State-appropriated fun 12-month period preceding a request to inspect or copy it.	nds during the
Has the facility received such funds?	
● Yes O No	
If the facility is not yet operating, will it receive State-appropriated funds when it begins operation?	
* Is this form being filed to revise information provided in a previously submitted Abortion Facility Form?	y Registration
● Yes O No	•
* List names and license numbers of physicians performing abortions in above facility (Type in document. Make sure to click <b>Attach</b> button after you select a file.)	or attach a
708(b)(1)(ii)	_
	_
Attach Browse	